

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048938

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 547Registrar's No. 3594

STATE FILE NUMBER

FILED JAN 14 1963

## 1. PLACE OF DEATH

a. COUNTY St. Louis Countyb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Richmonds Heights, Mo.Length of stay in lb  
YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION 7727 A Brookline Terrace

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY ST LOUISc. CITY  
OR  
TOWNRichmond Heights, Mo.

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
7727 A Brookline Terrace

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
Corinne

Middle

Last  
Chenot4. DATE  
OF  
DEATHMonth Day Year  
December 8, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/21/1885

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Waterloo, Illinois

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Francis S. Chenot

## 13b. MOTHER'S MAIDEN NAME

Mary M. Gauen

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 17. INFORMANT

Address

64 Hilda C. Chenot, 7727 a Brookline Terrace

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral vascular embolusINTERVAL BETWEEN  
ONSET AND DEATH9 months

## DUE TO (b)

Atrial Fibrillation

## DUE TO (c)

Arteriosclerotic-hypertensive Cardiovascular disease

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. Month, Day, Year p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1962 to Dec 8, 1962 and last saw her 12/3/62  
Death occurred at about 4:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John H. Winter MD

## 22b. ADDRESS

634 N. Grand, St. Louis 3, Mo

## 22c. DATE SIGNED

12/8/6223a. BURIAL, CREMATION,  
REMOVAL (Specify)Removal

## 23b. DATE

Dec. 11, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Peter & Paul Cemetery

## 23d. LOCATION (City, town, or county)

Waterloo, Illinois

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Arthur J. Donnelly 3840 Lindell Blvd.

## 25. DATE RECD. BY LOCAL REG.

12-10-62

## 26. REGISTRAR'S SIGNATURE

John H. Winter MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

VS 300  
Rev. 4/591400524005

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9443X

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1290-0

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Re Graham University  
No than Body.  
12-3

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Wm J. Saper*

Licensed Embalmer No.

*4699*

P. O. Address

*3840 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.